



STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS

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JOE S. HOPPER
COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 601

OPR: INSTITUTIONS

INMATE CO-PAYMENT FOR HEALTH CARE

I. GENERAL

Offenders have a constitutionally guaranteed right to health care services necessary for the treatment of serious medical conditions.

II. PURPOSE

The purpose of this regulation is to establish a system of co-payment for inmate self-initiated, non-emergency medical services and identify which services will incur a charge. This program will recoup a modest part of the costs for some medical services and is designed to reduce the overuse and abuse of these available services, promote inmate responsibility for their own health, encourage the practice of preventative health care, and to allow departmental medical resources to be used more efficiently. No inmate will be refused medical services because they do not have any funds in their PMOD account.

III. POLICY

It is the policy of the Department of Corrections that an inmate will be charged a co-payment of three dollars (\$3.00) for any self-initiated medical, dental, mental health or optometrist visits. An inmate will not be charged a co-payment if he/she qualifies for a waiver under the criteria set forth in Paragraph IV/C of this regulation.

IV. GUIDELINES

A. The following are definitions of terms as used in this regulation.

1. Serious Medical Need - One which has been diagnosed by a physician as mandating treatment or one that is so obvious that even a layperson would easily recognize the need for a doctor's attention.
2. Medical Emergency - A medical problem, usually presented unexpectedly, which can lead immediately to loss of life or limb, or other serious morbidity.
3. Routine Medical Care - A medical problem which does not rise to the level of a serious medical need.
4. Convenience Care - A trivial condition for which an inmate desires health care services, but which does not rise to the level of a serious medical need requiring treatment.
5. Sick Call - The face to face evaluation of a first level complaint by health care personnel on a scheduled basis.

B. Co-Payment for Medical Services

Inmates will be charged the sum of three dollars (\$3.00) for each visit initiated by the inmate to an institutional physician; physician's extender (physician's assistant, registered nurse or licensed practical nurse); psychiatrist; psychologist; psychological associate; or other mental health provider; dentist or dental assistant; optometrist or assistant.

C. Waiver of Co-Payment

1. Inmates will not be charged for medical visits initiated by medical staff; referrals to a physician from physician extenders; referrals by the Warden of the institution or his/her designee; emergency treatment; chronic care clinics; follow-up visits initiated by medical professionals' examinations for body charts as required by the Department of Corrections regulations; or treatment for a serious medical need. However, this waiver does not apply if the treatment is for injuries inflicted by the inmate to himself or others at this request.
2. Inmates will not be charged if the health care visit is in conjunction with an extraordinary event that could not be reasonably foreseen, such as a disturbance or a natural disaster.
3. Inmates will not be charged if the medical treatment is an institution-wide health care measure that is necessary to address the spread of specific infectious or contagious diseases.

4. Inmates will not be charged if their medical treatment is provided under a contractual obligation that is established under the Interstate Corrections Compact or under an agreement with another jurisdiction which precludes assessing such a co-payment.
5. There will be no co-pay for ancillary services, such as lab work or x-rays, or for secondary services such as hospital care or diagnostic tests.
6. There will be no co-pay if the inmate has in effect during his incarceration, health care insurance which covers the treatment provided to the inmate and the insurance provider in fact reimburses the Department of Corrections medical provider for said treatment.
7. There will be no co-pay for mental health treatment if a mental health professional determines that the inmate has a mental disorder for which treatment is necessary.

V. DELIVERY OF HEALTH CARE SERVICES

A. THERE WILL BE NO DENIAL OF ACCESS TO HEALTH CARE FOR INMATES.

1. Under no circumstances will inmates be denied access to health care due to the lack of ability to pay the co-payment. Only health care personnel will determine whether an inmate has a serious medical need, the treatment of which does not require a co-pay.
2. Health care staff will not make any differentiation between inmates who pay or who do not pay co-payments with regard to access, timing or care of their medical treatment.

B. Treatment Provided

1. Inmates do not have the right to specify which type of provider or which staff member they see. If an inmate refuses to be seen by the staff member to whom he or she is scheduled, a "refusal to receive health care services" form should be filed in the inmate's medical records.
2. Convenience Care includes cosmetic services, hygiene items, cold preparations, most allergy care, and many other interventions.
3. A Medical Emergency or Routine Medical Care will take precedence over any inmate scheduled for convenience care.

VI. CO-PAYMENT PROCEDURE

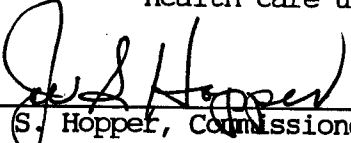
Unless an inmate is entitled to a waiver of co-payment as described in Paragraph IV/C, a three dollar (\$3.00) charge for medical services will occur.

- A. When there is a medical visit to which the co-pay requirement applies, the health care provider is required to do the following:
 - 1. Verify the inmate's identity.
 - 2. Record the medical services requested and provided.
 - 3. Obtain the inmate's AIS number and signature on the "Inmate Medical Co-Pay Withdrawal Notice" form (attached as Annex A to this regulation).
 - 4. Send the "Inmate Medical Co-Pay Withdrawal Notice" form to the business manager on a weekly basis.
- B. Posting of Co-Payment charges to PMOD Account
 - 1. If the inmate has funds available in his PMOD account, the business manager will deduct the amount of any co-payment from these funds.
 - 2. If the inmate does not have any funds, his PMOD account will be restricted until the total co-payment is deducted from any funds that the inmate receives.
 - 3. Court ordered restitution or any court ordered payment will take priority over a co-payment if a conflict exists. However, if a court order requires the Department to withhold a particular percentage of an inmate's incoming funds, the remainder of such funds shall be utilized to pay for the co-payment.

VII. INMATE COMPLAINTS OF UNAUTHORIZED MEDICAL CHARGES

- A. Inmates who complain that they have been charged a co-payment that is not authorized by this regulation shall send an Inmate Request Slip to the Warden or his/her designee asking that the charge be reviewed.
- B. The Warden or his/her designee will review the complaint to ensure that the complaining inmate initiated the health care visit for which a co-pay was charged. The Warden or his/her designee will determine whether an inmate is entitled to a waiver of the co-payment under the criteria set forth in Paragraph IV/C of this regulation.

- C. Under no circumstances will a Warden or his/her designee override a medical determination as to whether an inmate's complaint is a serious medical need. However, the Warden or his/her designee may request that the administrator of the health care unit reconsider this finding.



Joe S. Hopper, Commissioner

ANNEX

Annex A Inmate Medical Co-Pay Withdrawal Notice

THIS REGULATION WILL BECOME EFFECTIVE JULY 1, 1996

INMATE MEDICAL CO-PAY WITHDRAWAL NOTICE

Institution: _____

For the week of: _____

Each self-initiated, unscheduled, non-emergency visit to this health care unit will result in a \$3.00 co-pay charge against your PMOD account. In the event you do not have sufficient funds in your account to pay this charge, a debit will be held against your account until you have the necessary money. In no case will an inmate be refused medical services because they do not have funds in their PMOD account.

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